

ATTACHMENT 9
PROGRAM: TENANT-BASED RENTAL ASSISTANCE

Name of Applicant: _____

SECTION I. PRIOR EXPERIENCE WITH TENANT-BASED RENTAL ASSISTANCE PROGRAM

Prior experience applicant **or** administrative subcontractor in implementing all administrative components of a tenant-based rental assistance program within the last 5 years. Fill in the table with any funding source for these activities and indicate the number of households assisted for the years indicated.

Indicate the name of the entity for which the table below includes information (List only one entity):

Applicant: _____
 Administrative subcontractor: _____

Year Program Administered and Households Assisted					
(Funding Source (Name of Program))	Number of Households Assisted				
	<u>1999</u>	<u>2001</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>

SECTION II. DEMONSTRATED COMMUNITY NEED AND DEMONSTRATED MARKET (Housing element must be in substantive compliance in order to receive points)

A.

	Page Number(s)
Tenant-based rental assistance is identified as a need in housing element of the jurisdiction where program is located	

Submit copy of page(s) as Attachment 9.A.

B. Submit a copy of the Section 8 Waiting List for the jurisdiction or the area of the county in which TBRA assistance will be provided and label as Attachment 9.B.

SECTION III. EXTENT TO WHICH THE PROGRAM IS READY TO BE IMPLEMENTED

- A. Attach Tenant-Based Rental Assistance program guidelines and/or operating procedures as Attachment 9.C. Indicate below where the following items are found, highlight those provisions in the guidelines or procedures, and write the number of the item addressed in the margin. NOTE: The Department will not be responsible for locating items which are not properly highlighted.

Provision in Guidelines	Page Number(s)
1. What HOME funds will be used for (i.e., security deposit, rental assistance)	
2. Tenant selection policies and criteria	
3. The area in which the TBRA can be used	
4. Whether the assistance will be provided to the owner that leases a unit to an assisted family or directly to the family	
5. The term of the rental assistance	
6. Statement that the rent must be reasonable based on rents that are charged for comparable unassisted rental units in order for the lease to be approved	
7. The minimum tenant contribution	
8. The jurisdiction's rent standard for each unit size	
9. Statement that maximum subsidy cannot exceed the difference between the rent standard and 30 percent of the family's monthly adjusted income	
10. Statement that unit must meet HQS and local code	
11. Description of inspection procedures and individuals responsible for inspections	
12. Income limits by household size and statement that at least 90 percent of assisted families must have annual incomes which do not exceed 60 percent of median	
13. Statement that family income and family size will be reexamined at least annually and identification of individual(s) responsible for doing this	
14. Requirement that termination's of tenancy or failure to renew tenants' leases will only be permitted for the following reasons: a. Tenants have serious or repeated violations of the terms and conditions of the lease; b. Tenants violated applicable federal, state or local law; c. Tenants were part of a transitional housing program and completed their transitional housing period; and d. There is other "good cause" for terminating tenancy.	

- B. Attach Sample Tenant Lease as Attachment 9.D.

C. Identify required match of 25 percent

1. Provide the calculation of required match:

HOME project costs: \$ _____ x .25 = _____

2.	Source(s) of Match	Value
	TOTAL MATCH	

SECTION IV. LEVERAGE Only **project** (not administration) funds should be included. In order to be counted, documentation must be provided as Attachment 9E. Documentation requirements are as follows:

Source of Leverage	Documentation of Leverage
Public funds	Commitment letter or resolution from the funding source stating the amount and allowable use of the funds.
Private funds	Letter of interest from private funding source stating the amount and proposed use of the funds.

A. Calculations: Provide the calculations in the space provided

1.	Average project cost per unit	\$ _____
	x Number of units	x _____
	Total costs	\$ _____
2.	Total costs	\$ _____
	- HOME project costs	- _____
	Maximum potential leverage	\$ _____

B. Leverage Amount

Source of Leverage	Amount	Documentation Attached (Yes/No)
TOTAL LEVERAGE		